TO: All University Employees

FROM: Diane Biddle
Workers’ Compensation Manager

SUBJECT: WORK-RELATED INJURY PROCEDURES

The procedure involving work-related injuries requires the injured employee to select an attending physician from the University’s Panel of Health Care Providers (attached). Physical therapy, chiropractic and diagnostic imaging appointments are to be scheduled through KeyScripts as indicated on the attached panel of health care providers. Take a moment to review and become familiar with the list of providers.

Initial treatment, when feasible, should occur at the University Health Services Center. If the injury is severe enough to require additional treatment, you are required to be examined by a member of the Panel of Health Care Providers, even though initial treatment may be through an emergency room facility. According to the Pennsylvania Workers’ Compensation law, you are required to treat with one of these panel providers for ninety (90) days from the date of your first visit. If you fail to treat with one of these designated health care providers, the University will not be liable for the payment for services rendered during this ninety (90) day period. Subsequent treatment may be provided by any health care provider of your choice. However, you must advise the University’s Office of Human Resources in writing using the Employee Physician Selection form (attached) within five (5) days of your first visit to each and every non-designated health care provider. Failure to do so may affect whether the University is liable for payment for services rendered prior to appropriate notice.

The University will permit the return of injured employees to work in a modified capacity as permitted by a medical provider. The Office of Human Resources will be responsible for securing medical reports and determining when employees become eligible for modified duty assignments.

I have enclosed instructional material, which details these procedures. Please review them carefully. Should you have any questions, please contact the Office of Human Resources at Campus Extension 4427.

Attachments
CALIFORNIA UNIVERSITY OF PENNSYLVANIA

Instructions To All Employees In Case Of Work-Related Injury

1. All work-related accidents must immediately be reported to your supervisor.

2. If you suffer a work-related injury, Inservco Insurance Services, Inc. is responsible for payment for reasonable, necessary, and related medical and surgical services, orthopedic appliances, prosthetic devices, and training in their use.

3. In order to ensure that Inservco will pay for your medical treatment during the first 90 days of treatment, you must select one of the providers listed on the following page. Please sign and date the attached WORKERS’ COMPENSATION EMPLOYEE NOTIFICATION. This will become part of your Workers’ Compensation claim.

4. **IF YOU DO NOT TREAT WITH ONE OF THE PANEL PROVIDERS, YOUR MEDICAL BILLS WILL NOT BE PAID DURING THE FIRST 90 DAYS OF TREATMENT.**

5. After this 90 day period, if you still need treatment, you may choose to go to another licensed physician or practitioner of the healing arts for treatment; however, you must notify the University’s Office of Human Resources in writing of this action within five (5) days of your first visit to such health care provider of your choice. Failure to do so will relieve the University of liability for payment for those services. Your bills will be paid if your licensed physician or practitioner of the healing arts files reports as required by the Workers’ Compensation Act.

6. Should one of the physicians listed above refer you to another specialist, Inservco will pay the bill for the services provided.

7. Should you be faced with a medical emergency, you may secure assistance from a hospital or physician of your choice. However, Monongahela Valley Hospital, Monongahela, PA, will be primarily utilized when a work-related injury occurs at the University.

8. **ALL MEDICAL BILLS PERTAINING TO A WORK-RELATED INJURY SHOULD BE SUBMITTED TO: Inservco Insurance Services, Inc., P.O. Box 3899, Harrisburg, PA 17105-1451.**

9. Prescription drugs for work-related injuries **are not** to be paid by your prescription drug plan. Provide the pharmacy with your Claim Number and request that the pharmacy bill Inservco directly. Pharmacies may direct all billing inquiries to Inservco at 1-800-222-0355 Ext. 4033 or Ext. 3313. Providing a Claim Number permits the pharmacy to bill in accordance with a fee schedule. In the event that you must pay for the prescription out-of-pocket, submit the bill to Inservco for reimbursement.
### OCCUPATIONAL MEDICINE

**Monongahela Valley Hospital**  
**Occupational Health**  
Elaine Gelb, M.D.  
WillowPointe Plaza  
800 Plaza Drive, Suite 210  
Belle Vernon, PA 15012  
(724) 379-1940

### URGENT CARE

**MedExpress**  
(CAL U Panel Provider Locations)  
860 Rostraver Road  
Belle Vernon, PA 15012  
(724) 929-3278  
695 Clairton Blvd.  
Pleasant Hills, PA 15236  
(412) 653-5556  
325 McClellandtown Road  
Uniontown, PA 15401  
(724) 439-3627  
2600 Old Washington Road, Ste.150  
Upper St. Clair, PA 15241  
(412) 854-3627  
460 Washington Road, Ste.7  
Washington, PA 15301  
(724) 225-3627

### GENERAL SURGERY

**C.M. Crudo, M.D.**  
25 Fayette Street  
Belle Vernon, PA 15012  
(724) 929-4122

### NEUROSURGERY, (Continued)

**Eugene A. Bonaroti, M.D.**  
2566 Haymaker Road  
Monroeville, PA 15146  
(412) 968-5490

### ORTHOPEDICS

**Orthopaedic Specialists - UPMC**  
**Hand & Upper Extremity:**  
UPMC Orthopedic Specialists - Washington, PA (2 locations)  
UPMC South Hills-Bethel Park, PA  
UPMC Urgent Care-N. Huntingdon, PA  
UPMC Passavant-Pittsburgh, PA

**General Orthopaedics:**  
4803 Northern Pike  
Monroeville, PA 15146

To schedule an appointment with Orthopaedic Specialists - UPMC:  
1-877-471-0935 or 412-748-7444

**Allegheny Orthopedic Associates**  
Main Office: Federal North  
Federal Building  
1307 Federal Street, 2nd Floor  
Pittsburgh, PA 15212  
(877) 660-6777  
(412) 359-3895  
(This practice has a wide variety of orthopedic specialties and locations. Call for additional information.)

The Orthopedic Group  
Professional Plaza, Suite 107  
Charleroi, PA 15022  
(724) 483-4880

*To schedule Physical Therapy, Chiropractic and Diagnostic Imaging appointments at locations close to you, please call KeyScripts 1-866-446-2848 (X-Rays are not required to be scheduled through KeyScripts.)*

That the employee has the duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider. That the employee has the right to have all reasonable medical supplies and treatment related to the injury paid for by the employer as long as the treatment is obtained from a designated provider during the 90-day period. That the employee has the right, during this 90-day period, to switch from one health care provider on the list to another provider on the list, and that all the treatment shall be paid for by the employer. That the employee has the right to seek treatment from a referral provider if the employee is referred to him by a designated provider, and the employer shall pay for the treatment rendered by the referral provider. That the employee has the right to seek emergency medical treatment from any provider, but that subsequent nonemergency treatment shall be by a designated provider for the remainder of the 90-day period. That the employee has the right to seek treatment or medical consultation from a nondesignated provider during the 90-day period, but that these services shall be at the employee’s expense for the applicable 90 days. That the employee has the right to seek treatment from any health care provider after the 90-day period has ended, and that treatment shall be paid for by the employer, if it is reasonable and necessary. That the employee has the duty to notify the employer of treatment by a non-designated provider within 5 days of the first visit to that provider. The employer may not be required to pay for treatment rendered by a non-designated provider prior to receiving this notification. However, the employer shall pay for these services once notified, unless the treatment is found to be unreasonable by a URO, under Subchapter C.

**OPHTHALMOLOGY**

**Lawrence Gipson, M.D.**  
305 McKean Avenue  
Charleroi, PA 15022  
(724) 483-8065  

**Everett & Hurite Ophthalmic Assoc.**  
816 Finley Rd  
Belle Vernon, PA 15012  
724-929-5512

**PHARMACY**

**Redstone Pharmacy**  
332 Third Street  
California, PA 15419  
(724) 938-2395  
(May also use chain pharmacies, such as Rite Aid or CVS.)

**PHYSICAL MEDICINE**

**Associates in Medical Rehabilitation, PLLC**  
Dennis J. Mateya, M.D.  
Monongahela Valley Hospital  
1163 Country Club Road  
Monongahela, PA 15063  
(724) 258-1408

**PHYSICAL THERAPY**

**Orthopedic and Sports Physical Therapy Associates, Inc.**  
228 Wood Street  
California, PA 15419  
1-866-446-2848  
www.osptainc.com  
(See website for available locations and directions.)

**NOTICE TO ALL EMPLOYEES**

**IN THE EVENT OF A WORK INJURY, TELL YOUR SUPERVISOR**

If you are injured while at work, your employer has arranged for payment of your medical care with **CALIFORNIA UNIVERSITY OF PA/PASSHE/INSERCO**

It is your responsibility to immediately report the injury to your supervisor.

**IN CASE OF A WORK-RELATED INJURY OR DISEASE**

In accordance with the Pennsylvania Workers' Compensation Act, you must choose a provider from the list below:

If you suffer a work-related injury or disease, your employer or its insurance company will pay for reasonable surgical and medical services, medication, supplies, orthopedic appliances and prostheses, including training in their use. In order to ensure that your medical treatment will be paid for by your employer or its insurance company, you must select from one of the licensed physicians or practitioners of the healing arts listed below:

<table>
<thead>
<tr>
<th>Field</th>
<th>Provider Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OCCUPATIONAL MEDICINE</strong></td>
<td>Monongahela Valley Hospital Occupational Health</td>
</tr>
<tr>
<td><strong>URGENT CARE</strong></td>
<td>MedExpress</td>
</tr>
<tr>
<td><strong>GENERAL SURGERY</strong></td>
<td>C.M. Crudo, M.D.</td>
</tr>
<tr>
<td><strong>NEUROSURGERY</strong></td>
<td>AGH Department of Neurosurgery</td>
</tr>
<tr>
<td><strong>NEUROSURGERY, (Continued)</strong></td>
<td>Eugene A. Bonaroti, M.D.</td>
</tr>
<tr>
<td><strong>ORTHOPEDICS</strong></td>
<td>Orthopaedic Specialists - UPMC</td>
</tr>
<tr>
<td><strong>OPHTHALMOLOGY</strong></td>
<td>Lawrence Gipson, M.D.</td>
</tr>
<tr>
<td><strong>PHARMACY</strong></td>
<td>Redstone Pharmacy</td>
</tr>
<tr>
<td><strong>PHYSICAL MEDICINE</strong></td>
<td>Associates in Medical Rehabilitation, PLLC</td>
</tr>
<tr>
<td><strong>PHYSICAL THERAPY</strong></td>
<td>Orthopedic and Sports Physical Therapy Associates, Inc.</td>
</tr>
</tbody>
</table>

Revised 02/20/14
Return to Work in a Modified Duty Capacity

**Purpose:** To return employees from a work-related injury to modified duty as permitted by a medical provider. Modified duty assignments will be reviewed and approved on an individual basis. This is an attempt to return injured employees to productivity as soon as medically possible and to lessen the cost of workers’ compensation reserve imposed upon the University.

**Procedures/Guidelines:** The Office of Human Resources will be responsible for securing medical reports, conferring with vocational/rehabilitation consultants and determining when employees become eligible for modified duty assignments.

This policy does not provide for permanent modified duty assignments nor does it guarantee any employee who is unable to return to his/her pre-injury position an alternate position. Employees can request consideration for other positions or accept voluntary demotion.

Employees are required to return to work when a modified duty assignment is available provided they are released by a medical provider.

When necessary, a supervisor will develop a “modified duty” assignment, taking into consideration tasks that would eliminate lifting and carrying in excess of 25 pounds and standing for long periods of time. Other considerations may be necessary based upon restrictions outlined by medical providers.

Although employees will be returned at their appropriate rate of pay and classification for the period of modified duty status, assignments may be anywhere within the University depending upon need and availability of such an assignment.

Scheduling and hours of work may differ from an injured employee’s regular assignment. Employees will be advised of their schedule and hours prior to returning to work in modified duty status.

The initial period of time is not to exceed thirty (30) calendar days. An extension of thirty (30) consecutive calendar days will be available if medically necessary. Modified duty will not exceed sixty (60) calendar days. Exceptions may be approved by the Interim Director of Human Resources.

When an injured employee’s medical condition is such that a modified duty assignment is not possible, the employee will remain on worker’s compensation until he/she can return without medical restrictions.
EMPLOYEE PHYSICIAN SELECTION

After the ninety-day period has ended, I have the right to seek treatment from any health care provider, and such treatment will be paid for by my employer if it is reasonable and necessary for treatment of the work-related problem. I must, however, notify my employer of treatment by a non-designated provider within five (5) days of my first visit to that provider, or my employer may not be required to pay for treatment which is rendered by that non-designated provider prior to my employer receiving such notification.

In accordance with the above provision, I select the following physician:

_________________________________________
Physician’s Name

__________________________________________________________
Practice Name

___________________________________________________________________________________
Street Address City State Zip Code

Phone: __________________________ Fax: _________________________

Date of Accident: _______________________

Date of First Visit to this Physician: _________________________

Employee Name:______________________________________ Claim No. ______________________

(PLEASE PRINT)

Employee Signature: ____________________________ Date: __________________
Workers’ Compensation Information

The following information is being provided to you in compliance with 34 Pa.Code § 121.3b.

1) The workers’ compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care because of a work-related injury.

2) Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers’ compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for the treatment of injured employees or for the administration of first aid.

3) You should report immediately any injury or work-related illness to your employer.

4) Your benefits could be delayed or denied if you do not notify your employer immediately.

5) If your claim is denied by your employer, you have the right to request a hearing before a workers’ compensation judge.

6) The Bureau of Workers’ Compensation cannot provide legal advice. However, you may contact the Bureau of Workers’ Compensation for additional general information at: Bureau of Workers’ Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); www.state.pa.us, PA Keyword: workers comp.

Employee’s Signature: ______________________________

Date: ______________________________
WORKERS’ COMPENSATION EMPLOYEE NOTIFICATION

The Workers’ Compensation Act is designed to provide reimbursement for reasonable medical care for someone who suffers an injury arising in the course of his employment and causally related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider, however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer’s premises. You must obtain treatment from one of these providers for ninety (90) days from the date of your first visit to that provider; otherwise, your employer shall not be responsible for payment of your non-emergency medical bills for that first ninety (90) days.

During the initial ninety (90) days from the date of your first visit, you have the right to switch from one health care provider on the list to another and that treatment will be paid for by your employer.

If a designated health care provider refers you for treatment to another health care provider whose name is not on the list, your employer will pay for treatment rendered by the provider whom you were referred.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the initial ninety (90) day period following the first visit, but you are personally responsible for payment for those services.

You have the right to seek treatment from any health care provider at the expiration of the ninety (90) day period from the date of first visit. This treatment will be paid for by your employer unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Pennsylvania Workers’ Compensation Act.

Your employer will be responsible for the cost of that treatment after the initial ninety (90) day period has ended but only if you notify the employer that you are receiving treatment from a non-designated health care provider and only if that notice is provided to your employer within five (5) days after the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

Should invasive surgery be prescribed by a designated health care provider, your employer will pay for an additional opinion from a health care provider of your choice. If the additional opinion differs from the opinion of the designated health care provider and if the additional opinion provides a specific and detailed course of treatment, you will then determine which course of treatment to follow. If you choose to follow the procedures recommended in the additional opinion, your employer will pay to have such procedures performed by one of its designated health care providers and will not be responsible for payment for treatment provided by a non-designated provider for a period of ninety (90) days from the date of your visit to the health care provider from whom you obtained the additional opinion.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES UNDER THE WORKER’S COMPENSATION ACT AS SET FORTH HEREIN.

Employee: ________________________________   DATE: ________________